

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Kathy R. Akers

Mailing Address 21259 Ivanhoe Rd

City

Austin

State

CO

Zip Code

81410-8245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta County Memorial Hospital

Occupation

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.33

Date of Receipt

04 / 03 / 2014

Transaction ID : 7061B370FBFC46D1AF89

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kathy R. Akers

Mailing Address 21259 Ivanhoe Rd

City

Austin

State

CO

Zip Code

81410-8245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta County Memorial Hospital

Occupation

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.33

Date of Receipt

04 / 18 / 2014

Transaction ID : B68897F891E44FF3A815

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Lee D. Albee

Mailing Address 2607 Valhalla PI

City

Leavenworth

State

KS

Zip Code

66048-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 57EB19DB-8503-4DA5-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

698.33

TOTAL This Period (last page this line number only)..... ►